



Pediatric Special Care Protocols: Sudden and Unexpected Death of Children

I. All Provider Levels

1. Perform a scene survey to assess environmental conditions and mechanism of illness or injury. Ensure scene safety.
2. Follow general patient care guidelines in section A1.
3. Establish patient responsiveness.
4. Assess airway and breathing. Confirm apnea.
5. Assess circulation and perfusion. Confirm absent pulse.
6. Determine whether to perform further resuscitation measures:
 - A. If the patient exhibits obvious signs of lividity or rigor, do not resuscitate.



Note Well: *Lividity can be mistaken for bruising and evidence of abuse. Do not make any assumptions or judgements.*



- i. Immediately call Medical Control to confirm resuscitation decision.



- B. If patient does not exhibit lividity or rigor, proceed with CPR.
 - i. If in doubt, begin CPR and contact Medical Control.
 - ii. Initiate transport.



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I. All Provider Levels (continued)

7. Provide supportive measures for parents and siblings:
 - A. Explain the resuscitative process, transport decision, and further actions to be taken by hospital personnel and medical examiner.
 - B. Allow parents to see the child and say goodbye.
 - C. Maintain a supportive professional attitude, no matter how the parents react.
 - D. Whenever possible, be responsive to parental requests. Be sensitive to ethnic and religious needs or responses and make allowances for them.
8. Call for ALS support if resuscitation is started.
 - A. Initiate care and do not delay transport waiting for an ALS unit.
9. Obtain patient history using a nonjudgmental approach.
 - A. Ask open-ended questions as follows and document all answers:
 - i. Has your child been sick?
 - ii. Can you describe what happened?
 - iii. Who found the child? Where?
 - iv. What actions were taken after the child was discovered?
 - v. Has the child been moved?
 - vi. When was the child last seen before this occurred, and by whom?
 - vii. How did the child last seem when last seen?
 - viii. When was the last feeding provided?



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I. All Provider Levels (continued)

10. Reassess the environment.
 - A. Document findings, noting the following:
 - i. Where the child was located upon arrival
 - ii. Description of objects near the child upon arrival
 - iii. Unusual environment conditions, such as a high temperature in the room, abnormal odors, or other significant findings
 - iv. Child's appearance upon arrival, noting the condition of the clothing worn, the condition of the diaper the child was wearing and the child's overall cleanliness.
 - v. Note the appearance and demeanor of the parents and document any obvious signs of intoxication, drug abuse or other significant findings.
11. If the parents interfere with treatment or attempt to alter the scene, initiate the following actions:
 - A. Remain supportive, sympathetic, and professional.
 - B. Avoid arguing with the parents or exhibiting anger.
 - C. Do not restrain the parents or request that they be restrained unless scene safety is clearly threatened.



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I. All Provider Levels (continued)

12. Document the emergency call, including the following information:
 - A. Time of arrival
 - B. Initial assessment findings and basis for resuscitation decision
 - C. Time of resuscitation decision
 - D. Time of arrival at the hospital if resuscitation/transport was initiated
 - E. History obtained
 - i. Note who provided the information
 - F. Environmental conditions
 - G. Time law enforcement personnel arrived on scene (if applicable)
 - H. Time that scene responsibility was turned over to law enforcement personnel (if applicable)
 - J. Reason law enforcement was called on scene (if applicable)



This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.
